



King County
Department of Development and Environmental Services
900 Oakesdale Avenue Southwest
Renton, Washington 98055-1219
206-296-6600 TTY 206-296-7217

UNINCORPORATED
KING COUNTY
License Application
Public Entertainment / Public Dance

Alternative formats available
upon request

Application for businesses in **unincorporated** King County only

APPLICATION FOR:

- ☐ Public Entertainment-1 yr (\$200.00)
☐ Public Entertainment-6 mo. (\$100.00)
☐ Public Entertainment-1 night (\$50.00)
- ☐ Public Dance-1 yr (\$200.00)
☐ Public Dance-6 mo. (\$100.00)
☐ Public Dance-1 night (\$50.00)

(Send or bring application and fee to DDES at the address above.
Make checks payable to King County Office of Finance.)

Check one: ☐ New ☐ Renewal

Name of Business

Phone

Business Address

Mailing Address

Applicant

Name

Date of Birth

Home Address

Own, rent, or lease business premises?

If not the owner, list owner

Do you own the business for which you seek this license? ☐ Yes ☐ No

If no, relation to business:

Please describe in detail the nature of the business:

Check the appropriate box:

☐Sole-ownership ☐Partnership ☐Corporation Name:

Please provide name, place of birth, and date of birth for owners, partners or officers:

1.

Name: First

Middle

Last

Date of Birth

Place of Birth

Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas

2.

Name: First

Middle

Last

Date of Birth

Place of Birth

Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas

3.

Name: First

Middle

Last

Date of Birth

Place of Birth

Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas

4.

Name: First

Middle

Last

Date of Birth

Place of Birth

Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas

Office Use Only

Fee: \$ ☐check ☐cash

Late Fee:

Date Paid:

Receipt #

License #

Expiration:

Date Issued:

Check out the DDES Web site at www.metrokc.gov/ddes

State the name, address and date of birth of any other applicant who will share in the profit/loss of this business:

Name	Address	Date of Birth
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Name	Address	Date of Birth
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Has the applicant or any other individual who will share in the profit/loss of this business been previously licensed by King County under this or any other name? ☐ Yes ☐ No

Name/Year/Location:_____

List all arrests and convictions of applicant, owner, partners and/or officers:

Name	Charge	Date	Place	Disposition

I, _____, being first duly sworn on oath, state that I am the above named applicant or the authorized representative of the firm, partnership, or corporation making the application for a King County _____ license, and I declare under penalties of perjury and/or revocation of any license granted, that the answers contained in the application and any accompanying information have been examined by me and that the matters and things set forth are true, correct, and completed. I further swear under penalty of perjury and/or revocation of any license granted that this business is in compliance with all applicable state and local laws governing the operation of this business. I further understand that there are no refunds of the license fee and that falsifications or omissions on the applications are grounds for the denial, suspension, or revocation of the license applied for.

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

By _____
Notary Public

Resides in

My Commission Expires:_____